Town of Amherst Collector's Office 4 Boltwood Avenue Amherst, MA 01002

413-256-4020

DIRECT DEBIT AUTHORIZATION FORM

Please include a check with "void" written across it from the account you wish to use in paying the bills noted below. Be sure to keep a copy of the completed form for your records.

| Name | Telephone |
|---|-----------------|
| Address | |
| Please pay the following as they | y come due: |
| Real Estate tax for Property: | Location: |
| | Parcel ID # |
| Personal Property tax for Loca | ation: |
| | Property ID |
| Water/Sewer Bills for | Location_ |
| | Account No. |
| Motor Vehicle Excise Bills List all names to be paid | Name : |
| | Name: |
| | Name: |
| Financial Instituion: | Account No |
| Checking | Savings Account |
| Signature: | Date |

By completing this form I understand that I authorize my bank or other financial institution to make payments directly from my account noted above to the Town of Amherst for the purpose of paying the bills listed above. I control these payments and if at any time I wish to discontinue my participation in the "direct debit program," I may do so by notifying the Town Collector at the Town Hall, Amherst, MA. Such notification must be in writing and received by the Collector 21 days before I wish the service to be discontinued. I agree to notify the Collector's Office of any change in my financial institution and/or bank account number which is to be debited.